



VA Pride

Vol. 5 No. 4 An Information Guide for the Veterans We Serve in Southeast Texas July/August 2006

Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Galveston VA Outpatient Clinic
New Orleans Houston-based VA Outpatient Clinic • Texas City VA Outpatient Clinic

*Decorated veteran,
top prosecutor to lead
VA's reform efforts . . .*

VA Names Special Advisor for Information Security

WASHINGTON, D.C. – In May 2006, emphasizing VA's continued commitment to evaluating and improving procedures related to the handling of sensitive veterans' data, Secretary of Veterans Affairs R. James Nicholson named former Maricopa County, Arizona Attorney Richard M. Romley as his new Special Advisor for Information Security.

During this assignment with VA, Romley will report directly to Secretary Nicholson. Romley will be responsible for evaluating the current state of VA's information security procedures and processes, and developing recommendations for improvement in VA's information security systems.

Romley's appointment comes a day after Secretary Nicholson's announcement of a series of personnel changes in VA's Office of Policy and Planning – the division in which the private information of up to 26.5 million veterans was potentially compromised.

Romley is nationally recognized as a leader in criminal justice and served four elected terms as the Maricopa County Attorney. He was responsible for administering one of the largest prosecuting attorney's offices in the nation, with Maricopa County being the fourth most populated county in the country.

Romley has testified before Congress on the issues of violent crime, terrorism, drug trafficking, youth violence, public corruption, and victims' rights. He has also championed many prosecution and reform policies. In the early 1990s, Romley successfully prosecuted "AzScam," the largest public corruption case in Arizona's history.

Romley served in the Marine Corps in Vietnam until he was injured. He has received numerous commendations for his service, including the Purple Heart. In 2001, Romley received the Presidential Unsung Hero Award and Disabled American Veteran of the Year Award from Disabled American Veterans.

Veterans concerned about the data theft should visit www.firstgov.gov or call 1 (800) 333-4636 for the latest news and updates. ♦

No more expensive hotels or cramped couches for families of veterans being treated at the MEDVAMC . . .

Fisher House at Houston VA Celebrates One Year Anniversary with Open House

HOUSTON – One year ago, Mike and Joyce Kibler from Topeka, Kansas checked into the Fisher House at the Michael E. DeBakey VA Medical Center (MEDVAMC) as the first official guests. Since that opening day, more than 700 guests have stayed at this "home away from home" for families of patients receiving medical care at the MEDVAMC.

"This beautiful facility relieves a lot of apprehension about where you're going to stay. Since it's located on the hospital grounds, you don't have to drive all over Houston. Financially, it's a great thing for veterans and their families," said Joyce Kibler.

On June 2, 2006, the MEDVAMC marked the one year anniversary of the Houston Fisher House with an Open House. Hosted by the Daughters of the American Revolution with donations from several veteran service organizations, the event included tours, information, and refreshments. The free event was open to the public.

During the first year of operation,

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Members from Daughters of the American Revolution (DAR) chapters across the state of Texas hosted the one year anniversary Open House for the Houston Fisher House. Above, DAR members Rosemary Long (left) and Christy Brown (right) serve refreshments to visitors. Since opening day, more than 700 guests have stayed at this "home away from home" for families of patients receiving medical care at the Michael E. DeBakey VA Medical Center.

Houston VA Offering Less Invasive Options to Replace Defective Heart Valves

HOUSTON – The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is one of the few medical facilities in the country performing minimally invasive heart valve surgery. In this new procedure, surgery is performed with a limited split of the sternum through a small three inch incision providing a small but adequate access to the heart valves.

This new heart procedure is not as widely performed as the more traditional form of surgery, which requires the patient to undergo a complete sternotomy in order to access the heart. A sternotomy is a surgical procedure in which a seven to nine inch vertical line incision splits the breast bone completely down its midline.

The aortic valve, located on the left side of the heart, is the opening through which blood is ejected to the rest of the body. When the valve does not work properly, either because of a birth defect or from wear associated with aging, it becomes too narrow or fails to close

completely. Either condition usually causes extraordinary stress on the heart and can cause fluid retention and eventually severe heart failure.

The key benefit of the minimally invasive valve surgery is a smaller incision resulting in a smaller scar. In addition, other possible benefits include reduced risk of infection, less blood loss, less post-operative pain and trauma, decreased length of stay in hospital, and swifter recovery time.

"While the success rate of the traditional surgery is very high, the recovery process can be a painful experience for the patient," said Faisal Bakaeen, M.D., MEDVAMC cardiothoracic staff physician. "By performing the less-invasive version of this surgery, the patient may enjoy a faster and less uncomfortable recovery."

Minimally invasive surgery is gaining popularity at a rapid pace in the United States and around the world. Cardiac

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**Special Event:
POW/MIA Day
Ceremony
Sept. 15, 2006, 10 a.m.
4th Floor Auditorium
MEDVAMC
(713) 794-7349**

1 Out of Every 5 People Will Develop Skin Cancer

HOUSTON - Skin cancer is the most common type of cancer occurring in the United States. It is also the most rapidly increasing cancer. For the past thirty years, skin cancers have been increasing in incidence by about three percent each year. One person out of every five people in the U.S. will develop skin cancer sometime during their life. It is estimated that about 50 percent of all people who live to age 65 years will develop at least one form of skin cancer.

The good news is that skin cancer can be prevented, or if caught early, is highly curable. In fact, if detected early, skin cancer is almost 100 percent curable.

Skin cancer can be divided into two major types: nonmelanoma and melanoma skin cancer. Malignant melanoma (MM) is the more deadly of the two.

The American Cancer Society estimates there will be more than one million people diagnosed with non-melanoma skin cancers in the year 2006. Approximately 62,190 people will be diagnosed with malignant melanoma.

Even though malignant melanoma is diagnosed far less often, MM skin cancers will take more lives than any other type of skin cancer, causing 7,770 deaths per year. That represents about one malignant melanoma death every hour. Malignant melanoma is responsible for 80 percent of all skin cancer deaths.

The primary cause of all types of skin cancer is exposure to ultraviolet radiation (UV) - the sun. It is easy to get a sunburn in Texas because of the state's geographic location, mild climate, and

the many opportunities to work and play out of doors. Reflection of the sun's rays off water, sand, or snow can double your ultraviolet radiation exposure.

Clouds don't block out UV rays. When the weather is cloudy, cool, and breezy, we may not become hot or realize the amount of UV exposure until after we have developed a sunburn.

Studies suggest heavy sunlight exposure in the first few decades of life may be of the greatest importance in determining a person's risk for skin cancer. Blistering sunburn in childhood or adolescence doubles the risk of developing a skin cancer. It is estimated by the time someone reaches the age of 18 they have already obtained 80 percent of their lifetime UV light exposure.

Besides avoiding the sun, early diagnosis and treatment are the next best prevention option. Make it a habit to check your skin for abnormalities and changes. Look at each of your moles and evaluate them using the following test:

A is Asymmetry. When the lesion is divided into halves, if the right half does NOT look like the left half, it is asymmetrical in shape.

B stands for Border. Moles that have irregular or poorly defined borders should be reported. The borders appear notched or seem to fade or "stream out" onto the surrounding skin.

C stands for Color. Is the color of the individual mole varied? Does the mole have tan, brown, black, blue, red, or white areas?

D refers to Diameter. Is the mole

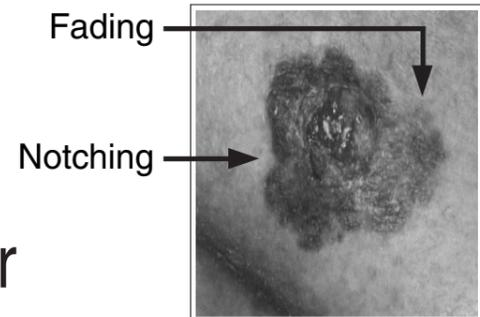
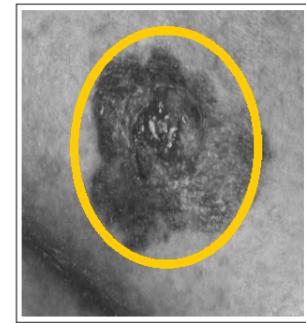
ABCDs of Moles

A Asymmetry

B Border

C Color

D Diameter



larger than six millimeters in diameter (the size of a pencil eraser)?

Although six millimeters is used as a general guideline for evaluating growth of a mole, any mole that is asymmetrical, has an irregular border, has color variations, and is *changing* should be evaluated by your VA health care provider - even if it is less than six millimeters in diameter. A positive finding of any of the ABCDs may indicate the mole is a malignant melanoma.

Malignant melanoma can develop anywhere on your skin from head-to-toe, so remember to wear appropriate protective attire including long sleeves

and hats, avoid working in the sun if possible, use sunscreens, and do regular self-examinations of your skin. Protect your eyes from the harmful ultraviolet rays by using gray or brown lenses that offer both UVA and UVB protection.

An exam is recommended every three years for persons between the age of 20 to 40 years, and every year for anyone age 40 and older. Take charge of your skin. Get regular checkups and take precautions when you are out in the sun.

If you have questions about your "Spots and Dots" ask your health care provider. Many have participated in a public health grant lecture series and will be ready to help you learn how to prevent sunburns or schedule a cancer-related checkup including a skin exam. ♦ *Pam Willson, PhD, RN, FNP-C, Associate Chief of Nursing Research*

Having Surgery at the VA?

HOUSTON - An hour or less before your surgery and while you are still awake, a doctor or nurse will ask you to say your name, your social security number or birth date, and the part of your body that will be operated on. Do not be alarmed by these questions. Your doctor knows who you are. This process is just one part of the VA's Ensuring Correct Surgery Directive.

The Ensuring Correct Surgery Directive is VA's most recent safety initiative. Wrong site, wrong patient, and wrong implant procedures are relatively uncommon adverse events, but often devastating when they occur.

This directive is based on straightforward communications, using both written and verbal methods. The five-step system involves the patient and the operating team. It identifies and specifies information and procedures critical to ensuring a correct surgical procedure.

For more information about the five step process, ask your VA health care provider or visit the VA's National Center for Patient Safety Web site at www.patientsafety.gov. ♦

A Word from the Director . . .

New 211 Hotline for Emergency Preparedness

HOUSTON - As rising floodwaters from Tropical Storm Alberto threaten homes in eastern North Carolina, the Michael E. DeBakey VA Medical Center (MEDVAMC) is fine-tuning our own emergency preparedness plans. Currently, we are placing emphasis on identifying veterans with medical disabilities or special transportation needs who may be potentially at risk during a crisis situation.

The MEDVAMC plan focuses on two populations: 1) veterans living in the area with medical needs who would need assistance to evacuate, and 2) veterans living in the area who have no means of evacuation, but are otherwise medically independent.

The first group includes spinal cord injury, home oxygen, ventilator-dependent, dialysis, methadone, and home care patients. For example during Hurricane Rita, we transported outpatient spinal cord injury patients to the MEDVAMC to shelter during the storm and confirmed home oxygen patients had sufficient oxygen supply for a long term emergency. The second group of at risk veterans is less defined and more difficult for us to identify. These individuals might be visually impaired, hearing impaired, homeless, with a prosthesis device, or

without a family/friend support network.

Our partners in this effort include the City of Houston's Office of Emergency Management, Harris County Office of Emergency Management, and the State of Texas. The Governor's Division of Emergency Management has established a special telephone number, 211, for those who live in an evacuation zone and have special health care needs or require transportation in the event of possible evacuations.

Operators answering the phones at 211 are prepared to register you for transportation and special assistance now, before an emergency occurs. Do not wait until a storm is in the Gulf to register.

If you believe you, your family, friends, or neighbors may potentially be at risk during a crisis situation, I strongly encourage you to call 211 today. Afterward, please let your MEDVAMC health care provider know you have registered with 211.

In addition, there are many things you can do to prepare for the unexpected. Put together an emergency supply kit with water, food, a first aid kit, medications, and special needs items. Develop a family communications plan and plot your evacuation route. Become more informed



Edgar L. Tucker, Medical Center Director

about both man-made and natural disasters.

The U.S. Department of Homeland Security's Web site, www.ready.gov, contains suggestions, facts, and information on a wide variety of emergency situations. If you do not have access to the Internet, call toll free 1-800-BE-READY. The Harris County Office of Homeland Security and Emergency Management's Web site, www.hcoem.org, includes evacuation maps and zones for Brazoria, Galveston, and Harris Counties; weather information; helpful telephone numbers; and safety checklists. Their telephone number is (713) 881-3100. Planning what to do in advance is an important part of being prepared. ♦

Award-Winning Substance Abuse Specialist Joins Staff at Houston VA

HOUSTON - Thomas R. Kosten, M.D. has joined the staff of the Michael E. DeBakey VA Medical Center (MEDVAMC) as the Senior Advisor on Substance Abuse Disorders based in the Mental Health Care Line.

In 2002 and 2003 according to the National Survey on Drug Use and Health, an estimated eight percent (approximately two million) of male veterans aged 18 or older were dependent on or abusing alcohol or illicit drugs. The study showed younger male veterans were more likely to have co-occurring serious mental illness and a substance use disorder than older male veterans.

The Substance Dependence Rehabilitation Section (SDRS) at the MEDVAMC is a critical element in the facility's comprehensive mental health treatment services. The SDRS is an outpatient treatment program serving veterans struggling with alcohol and other drug dependence; the more intensive portion of the program typically lasts six months. Inpatient detoxification is available when medically necessary.

Most veterans present with addiction to alcohol, crack cocaine, and/or marijuana; however, the MEDVAMC also offers a methadone program for patients with opiate dependence. Many veterans in this program are homeless and unemployed, and have other psychiatric diagnoses in addition to substance use disorders. The SDRS works closely with the VA Healthcare for Homeless Veterans Program and the Vocational Rehabilitation Section.

"Thomas Kosten's expertise and cutting-edge research in the areas of clinical neurobiology, medications development, and treatment of substance use disorders is recognized world-wide. His unique knowledge and insight will allow our medical center to provide advanced mental health care to our older veterans, as well as the veterans of the current conflicts in Iraq and Afghanistan. The effects of deployment, post-traumatic stress disorder, as well as other stressors of military life can lead to unhealthy coping behaviors or addiction to alcohol and drugs in veterans

returning to civilian life," said Thomas B. Horvath, M.D., F.R.A.C.P., MEDVAMC chief of staff.

In June 2006, Kosten was proposed as professor of Psychiatry at Baylor College of Medicine by Stuart C. Yudofsky, M.D., the D.C. and Irene Ellwood professor and chairman of the Menninger Department of Psychiatry and Behavioral Sciences of Baylor College of Medicine. Formerly, Kosten served as professor in the Departments of Psychiatry and Medicine at Yale University School of Medicine. In addition, he served in many key leadership positions at the Yale-affiliated VA medical system in Connecticut. Kosten is the founder of the Division of Substance Abuse at Yale and directs their National Institutes of Health (NIH) Medications Development Center for substance abuse. He has been supported by a Research Scientist Award from the NIH since 1987 and has served on national and international review groups for medications development in substance abuse.

In addition to serving as a visiting professor in Germany, Spain, Greece, China, and Canada, Kosten has been a Congressional Fellow in the U.S. House of Representatives. He is the founding vice chair for Added Qualifications in Addiction Psychiatry of the American Board of Psychiatry and Neurology. He is a distinguished fellow in the American Psychiatric Association and fellow of the American College of Neuropsychopharmacology, past president of the American Academy of Addiction Psychiatry, and president-elect of the College on Problems of Drug Dependence.

Kosten has several major awards for clinical research, is editor of two major Journals in substance abuse, and has served on the *American Journal of Psychiatry* Editorial Board. Recently, he served on the National Academy of Sciences, Institute of Medicine Committee on vaccines for substance abuse.

"By all measurable standards of scientific originality, productivity, and impact, Dr. Kosten is a leading research scientist in the realm of addictive



Thomas R. Kosten, M.D., (pictured above speaking at a Department of Veterans Affairs event) recently joined the MEDVAMC as the Senior Advisor on Substance Abuse Disorders.

disorders," said Yudofsky. "His discoveries in the development and testing of innovative, effective ways to utilize the opiate antagonist naltrexone in treating people with heroin dependence and his continuous and comprehensive study of pharmacological therapeutic treatments of cocaine abuse, and his developing and testing agonist strategies for the treatment of opioid dependence, particularly the newly-approved use of buprenorphine have transformed the practice of addiction psychiatry."

From his studies on substance dependence, post traumatic stress disorder, and neuroimaging, Kosten has published over 300 papers in peer-reviewed scientific journals in addition to numerous book chapters and reviews. His neuroimaging research includes detecting and treating cocaine induced cerebral perfusion defects, and using functional magnetic resonance imaging to predict pharmacotherapy outcome. His medication contributions include a cocaine vaccine, immunotherapy for hallucinogens, buprenorphine for opioid dependence, disulfiram for cocaine dependence, vasodilators for cocaine-induced cerebral perfusion defects, and combining medications with contingency management for opioid and cocaine dependence. ♦

Fisher House

(continued from page 1)

the length of stay in the Houston Fisher House averaged 9.1 days, the occupancy rate ran approximately 97.5 percent, and the average number of guests was about 28 per night. So far, the youngest guest has been one week old and the oldest, 89 years old.

The Houston Fisher House is roomy enough to accommodate 21 families. Each bedroom suite has its own private bath. The house also has a communal kitchen, library/living room, dining room, family room, and laundry facilities. At the time of construction, the Houston Fisher House was the largest one ever built. It is now the template for all future homes.

There is no cost for families staying at the Houston Fisher House. General criteria for those wishing to stay at the Fisher House includes: 1) Be medically stable and capable of self-care or be accompanied by a caregiver able to provide necessary care; 2) Be required to travel more than 50 miles from their home to the VA; 3) Be able to stay in an unsupervised setting; and 4) Have no communicable diseases.

Since room availability is limited, a list of hotels is provided by the MEDVAMC if lodging facilities on campus are not available. It is the responsibility of the veteran and family members to make lodging arrangements, including meals and transportation, prior to coming to MEDVAMC.

Fisher Houses are given to the U.S. Government as gifts. Military service secretaries and the Secretary of Veterans Affairs are responsible for the operation and maintenance of the homes. The Fisher House Foundation, Inc., a not-for-profit organization under section 501(c)(3) of the IRS code, builds new houses, and assists in the coordination of private support and encourages public support for the homes. The Houston Fisher House receives support through community donations. ♦

The Michael E. DeBakey Veterans Affairs Medical Center and the Houston Volunteer Lawyers Program presents:

Free Legal Advice Clinic (by appointment only)

WHEN: 4th Friday of every month

WHERE: Geriatric & Neurology Clinic Area next to ER, Michael E. DeBakey VA Medical Center 2002 Holcombe Blvd., Houston, Texas 77030

WHAT: Volunteer attorneys at the MEDVAMC/HVLP Legal Advice Clinic will provide brief legal advice by appointment only (20-30 minutes) to qualifying veterans. Only low-income Harris County veterans are eligible for assistance. Veterans from other counties will be given referral information to low cost or free legal services in their county. Veterans should bring all documents affecting their legal matter with them to their appointment.

TOPICS: Bankruptcy/Creditors, Contracts, Landlord/Tenant, Property, Divorce, Child Support, Custody/Guardianship, Wills/Probate, Incapacity Planning, and Immigration Law

CONTACT: See the Social Worker located in your Clinic or Unit for a needs assessment survey. Once you have been screened for eligibility, you will be contacted with an appointment date and time.

INFO: Established in 1981, the Houston Volunteer Lawyers Program mission is to provide pro bono legal services to low-income and indigent men and women of Harris County and to promote volunteerism among the local legal community.



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VA Initiative Against Obesity, Diabetes Moves Forward

FORT MONROE, VA – Setting his sights on the twin maladies of obesity and diabetes, the Secretary of Veterans Affairs announced in May 2006 the launch of a national registration campaign to let veterans and their families tailor their diets and exercise programs into a healthful lifestyle.

“Good nutrition and physical activity can help millions of Americans preserve the independence that would be threatened by diabetes and being overweight,” said the Honorable R. James Nicholson. “We want everyone to know that they can act now, before it is too late, and VA has the tools to help.”

The new health care assessment is part of a campaign called MOVE – Managing Obesity/Overweight for Veterans Everywhere – which is part of the HealthierUS Veterans program sponsored by the Departments of Veterans Affairs (VA) and Health and Human Services (HHS) to reduce obesity and diabetes, a disease often associated with being overweight.

Patients enrolled in VA's health care program can complete an interactive on-line questionnaire about their health status, nutrition, and exercise. Based on their information, veterans and family members receive a custom report with health information and instructions for follow up with the staff of a VA medical center.

“Our prescription for America's veterans is simple,” said Jonathan B. Perlin, M.D., VA's Under Secretary for Health. “We want them to eat healthy, be active, and get fit for life. Their service in uniform taught veterans what it takes



**After:
176 lb.**

**Before:
289 lb.**

Eating healthy and finding the right workout helped Air Force veteran Catherine Hood lose 100 pounds and feel great.



Air Force veteran Catherine Hood's proudest change since weight loss: "In the past when my daughter and I went to a restaurant, the table would come all the way up to my stomach and I had to inch my way out of the booth. Now when I sit in the booth, there is a lot of space between me and the table." Above, Hood (left) checks in with MEDVAMC Dietetic Intern Adrienne Ferguson.

to achieve a high level of fitness. We're helping them stay that way.”

People not enrolled in VA's health care program can log into www.move.va.gov/move23 and answer 23 questions. They will receive an individualized report giving them suggestions about making changes in their eating and physical activity and

referring them to materials on the Web site.

Nicholson said VA medical centers nationwide are starting an aggressive effort to counsel and follow up with patients who express interest in managing their weight.

The VA secretary spoke at the annual National Veterans Golden Age Games in Hampton, Virginia, where nearly 600 veterans aged 55 and older tested their mettle in competition at the nation's largest sporting event for older veterans. The Games were co-sponsored by VA and the Veterans of Foreign Wars.

The Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston has been selected to host the Department of Veterans Affairs' National Golden Age Games next year, August 27 - 31, 2007. These games bring together veterans age 55 and older who

receive health care at VA medical facilities across the country to compete in events such as swimming, bicycling, golf, shot put, discus, 10-meter air rifle, table tennis, dominoes, shuffleboard, horseshoes, nine-ball, bowling, checkers, and croquet.

VA research and clinical experience verify that physical activity is particularly important to the health, recovery, and well-being of older people. The National Rehabilitation Special Events provide disabled and elderly veterans with challenging opportunities to accomplish feats many may have believed were no longer available to them because of their disabilities or their age.

VA estimates that 70 percent of its patients are overweight, compared to 64 percent of the U.S. population. Diabetes also affects a greater percentage of veterans in VA's health care than the general U.S. population. ♦

Opportunities for Weight Loss Support and Education

✓ Managing Obesity of Veterans Everywhere (M.O.V.E.)

This program is free for all veterans, spouses, and MEDVAMC employees! It consists of a three to four class intensive, goal-oriented weight loss program that educates participants about nutrition, behavioral changes, and physical activity.

✓ Weight Management, Diabetes, Hypertension, and Hyperlipidemia Classes

These single session classes teach detailed nutrition information about specific health issues.

✓ Individual Counseling

Individual counseling sessions are available in the MEDVAMC Nutrition Outpatient Clinic. These one-on-one individual nutrition education sessions concentrate on specific health issues.

✓ Sign-Up and More Information

If you are interested in participating in any of these programs, contact Deborah Patterson, MEDVAMC Clinical Nutrition Section chief at (714) 791-1414, ext. 5427. Healthy eating tips and information can also be found on the Internet at the National Institute of Health's Web site, <http://health.nih.gov/result.asp/474>. Click on the links under the National Institutes of Diabetes and Digestive and Kidney Disease.

Refill Your Prescriptions Online

It's fast, easy, convenient, and secure!

Visit
www.myhealth.va.gov
on the
Web and
register today.



If you aren't sure about the Internet or the computer, the Library at the Michael E. DeBakey VA Medical Center offers free, introductory computer classes for veterans. Call (713) 794-7856 to schedule your training today.

Patient Advocacy Week: What Veterans' Satisfaction Means to Me

HOUSTON - In celebration of Patient Advocacy Week, April 9 - 15, 2006, the Consumer Affairs Office at the Michael E. DeBakey VA Medical Center (MEDVAMC) recognized several employees for their dedication and commitment to our nation's veterans.

Donald Barnes, physician assistant in the Mental Health Care Line, was presented with the 1st Annual Consumer Affairs "Hero" Award. Barnes was selected for the numerous patient compliments, the most received by any MEDVAMC employee in FY05, logged into the Patient Advocate Tracking system. One veteran commented that Barnes "provided professional care with kind recognition of my special circumstances," while another added that he was "receiving excellent, timely treatment." The message was the same from all the veterans, that Barnes

provides outstanding service, with utmost care and concern to all of his patients.

In addition to the "Hero" Award, the Consumer Affairs Office held an essay contest, "What Veterans Satisfaction Means to Me," sponsored by the Employee Wellness Program. First place prize went to Karen L. Waldman, staff psychologist, Comprehensive Mental Health Program, Mental Health Care Line; second place to Cynthia Ravari, physician assistant, Medical Care Line; and third place to Doreen Krodell, Veterans' Outreach Center #710.

Check out the winning essay on this page. If you want to find out how you may be a part of improving veteran satisfaction, contact the Consumer Affairs Office at (713) 794-7884 or send an e-mail to vbabougneralquestions@med.va.gov. ♦



Photo by Bobbi D. Connor, MEDVAMC Public Affairs Officer

Patient Advocacy Week Winning Essay

by Karen L. Waldman, Ph.D., Staff Psychologist
(pictured above)

In my role at the Michael E. DeBakey VA Medical Center, I am privy to daily comments from veterans about their thoughts and feelings concerning the MEDVAMC. When I know that a vet has good health insurance, but comes here instead of seeing someone in the private sector, I know that he is satisfied (and I smile). When I know that someone has Medicare and can easily get health care closer to her home, yet she chooses to drive 50+ miles to come here instead, I know that she is satisfied. When veterans share that their provider called them at home to relay test results, that their physical or occupational therapist encouraged them when they felt like quitting, that a police officer helped when they were lost, that Consumer Affairs assisted them to quickly solve a problem, or that a clerk sincerely apologized for the long wait, I know that they are satisfied. When veterans comment how clean and organized the clinics and labs are, how good the food is 'for hospital food,' how well the VA grounds are kept, or how 'modern' our facility is, I know that they are satisfied. When I hear veterans say that staff members 'really listened' to their concerns, that all of their questions were answered, that a pharmacist took time to explain a new prescription, or that a technician took time to explain a new radiology procedure, I know that they are satisfied. When veterans describe the extensive help received from Social Workers or the invaluable assistance from therapists to deal with combat trauma or other stressors, I know that they are satisfied. When veterans share how much it meant to have a caring nurse or chaplain comfort them (and their loved ones) before a scary surgery, I know that they are satisfied. When veterans express appreciation for services and equipment they desperately needed but couldn't otherwise afford, boast about the 'great medical treatment' received here, share with relief that their doctor diagnosed a serious problem 'just in time,' or happily announce that they were 'completely cured,' I know that they are satisfied. When I hear veterans say that the bureaucracy, parking lot hassles, long clinic waits, and confusing corridors are 'a small price to pay' for services here, I know that they are satisfied. When I learn that veterans have encouraged friends or family members to seek services at the MEDVAMC, I know that they are truly satisfied, for that is the ultimate compliment.

My 93-year-old dad is a WWII veteran, and he later had a career working in VA regional offices. One of my favorite childhood memories is selling Girl Scout cookies with my sister to hospitalized vets in Los Angeles. I've never forgotten how much they appreciated our attention, and that experience etched a permanent mark on my heart. As an adult, I lived overseas for four years on the heavily guarded border of West and East Germany, so I quickly developed a deep sense of what freedom means. I do not take my American citizenship for granted. I know that were it not for all the sacrifices made by our veterans, the entire world may be a very different place. I feel privileged to work at the Michael E. DeBakey VAMC and have the opportunity to give something back to the men and women who have so selflessly served our country, in any capacity and during any era, to protect our freedom. What does veterans' satisfaction mean to me? It means treating every veteran the way I would want someone to treat my dad, the most patriotic man I know. It means doing my part so that our veterans will 'spread the word' to everyone they know about the extraordinary care they receive here. It means being able to proudly tell healthcare providers in the community that I work here, knowing that they had only heard good things about us from satisfied veterans (and that will make me smile).

With or Without Food?

HOUSTON - Do you ever wonder why your Michael E. DeBakey VA Medical Center (MEDVAMC) health care provider instructs you to take your medications with food or without food?

There are many reasons behind their advice. Some medications need food to increase their absorption into the body. This makes these particular drugs more effective. Other drugs may cause stomach irritation and side effects, requiring food to help lessen the problem.

Many drugs are degraded when conditions in the stomach are too acidic.

Food can help to alleviate this situation. Sometimes food can alter how the body processes a particular drug, making the medication less effective.

On the other hand, some drugs are hindered from working if taken with food. Food can sometimes slow the absorption of the drugs. Many foods and food products can bind to the drug rendering it ineffective.

If you have questions, call the VA Network Telecare Center 24 hours a day, seven days a week at (713) 794-8985 or toll-free 1 (800) 639-5137. ♦

Medications With or Without Food

- Aspirin or Enteric-coated Aspirin Take with food.
- Ibuprofen or Naproxen Take with food or milk.
- Acetaminophen (also called Tylenol) Take on empty stomach if not contraindicated.
- Penicillin or Ampicillin Take on an empty stomach.
- Amoxicillin Without regards to meals.
- Tetracycline Take 1 hour or 2 hours after meals
Do not take with antacids, dairy products, or iron.
- Ciprofloxacin or Gatifloxacin Take 1 hour or 2 hours after meals.
Do not take with antacids, dairy products, or iron.
- Phenytoin Take with food.
- Captopril Take on empty stomach
at same time everyday.
- Atenolol Without regards to meals, but
take it same time everyday.
- Digoxin Take at same time as food.
Avoid high fiber diets.
- Hydrochlorothiazide Take with food.
- Labetalol Take with food.
- Metoprolol Without regards to meals, but
be consistent everyday.
- Hydralazine Take with food.
- Glipizide Take 30 minutes before meals.
- Glyburide Take with food.
- Rosiglitazone or Pioglitazone Take with food.
- Prednisone or Methylprednisolone Take with food.
- Lovastatin or Simvastatin Take with food.
- Atorvastatin Without regards to meals.
- Warfarin Maintain a balanced diet.
Avoid abrupt intake of large amounts of food rich in vitamin K.
- Felodipine Do not take with grapefruit products.

Study Aims to Place Vets with Spinal Cord Injuries into Workforce

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is participating as a control site in a new five-year, multiple-site study aimed at assisting and placing veterans with spinal cord injuries into competitive employment. The study is funded with a grant from the VA Rehabilitation Research and Development Service and enrollment of veterans began this past February.

The goal of the study is to determine whether a vocational rehabilitation program patterned after the VA Community Employment and Support Program improves vocational outcomes for veterans with spinal cord injuries when compared to current VA practices. The Community Employment and Support Program is a successful approach to employment used with veterans with mental illness and substance abuse.

"We are excited about this opportunity and the possibilities of this study. Research has shown competitive employment builds confidence, increases coping skills, heightens motivation, and raises self-expectations for veterans with mental health disabilities. It will be interesting to see if spinal cord injury patients benefit as well," said Sally Holmes, M.D., Spinal Cord Injury Care Line executive.

Other sites involved in the study include the VA hospitals in Milwaukee, San Diego, Cleveland, and Dallas, all participating as the experimental sites. In addition to Houston, the VA hospital in Chicago is also serving as a control site. All locations involved have a large population of veterans with spinal cord injuries. The goal of the study is to enroll 240 participants at the six sites.

The Spinal Cord Injury Care Line at the MEDVAMC provides comprehensive rehabilitation services and sustaining medical care for veterans with spinal cord injury or dysfunction. Sustaining medical care includes preventive care, treatment of acute illnesses, and treatment of medical and surgical complications related to spinal cord injury or dysfunction.

This department is also dedicated to providing clinical and research training opportunities in the care of persons with spinal cord injury or dysfunction. ♦

New Procedure to Fix Defective Heart Valves

(continued from page 1)

surgery is no exception; however, the pace of adoption of new surgical techniques has been limited by the inherent difficulties and safety issues unique to the cardiovascular system.

"Our team of cardiothoracic surgeons at the Michael E. DeBakey VA Medical Center is excited about the introduction of this cutting edge procedure. However, I must emphasize that not all patients with valvular heart disease are candidates for minimally invasive valve surgery and that certain criteria need to be met in selecting suitable patients," said Joseph Huh, M.D., MEDVAMC cardiothoracic staff physician.

People experiencing problems with their aortic valve may experience shortness of breath, dizziness, chest pain, loss of consciousness, or a combination of these symptoms. After surgery, patients usually can expect to return to healthy and more active lifestyle. Now that the procedure can be done with minimally invasive techniques, a patient's quality of life immediately after surgery may also improve significantly.

"We strive to offer our veterans the latest and the best in the field of surgery," said David Berger, M.D., MEDVAMC Operative Care Line executive. "Our cardiothoracic surgery service handles a high volume of patients



Veteran Ed Greenhaw is examined by Faisal Bakaen, M.D., a cardiothoracic staff physician during a follow-up appointment. Greenhaw recently underwent minimally invasive heart surgery to replace one of his heart valves. The key benefit of this type of surgery is a smaller incision resulting in a smaller scar. In addition, other possible benefits include reduced risk of infection, less blood loss and post-operative pain, decreased hospital stay, and swifter recovery time.

and has been recognized for its excellent patient outcomes."

The MEDVAMC recently received notification from the National Veterans Affairs Surgical Quality Improvement Program Executive Committee that it

has demonstrated consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery six years in a row. The MEDVAMC is the only VA hospital with this record. ♦

Support Group Listing . . .

Cardiac Rehab Mended Hearts
Meets 3rd Thursday, 11 a.m.,
Nursing Unit (NU) 2A Dining Room.
Facilitator: Tomasita Gonzalez,
(713) 791-1414, ext. 5254

MS Self-Help Group
Meets 2nd Wednesday every month,
2 - 3:30 p.m., Spinal Cord Injury
Dayroom, 1B-119. Facilitators: Lisa
Whipple, (713) 794-7951 & Fe
Runtanilla, (713) 794-8090

**Parkinson's Disease Education/
Support Group**
Meets 1st Friday every month, 10
a.m., Nursing Unit (NU) 2A Dining
Room. No meetings in April or
September. Facilitator: Naomi
Nelson, (713) 794-8938

Cancer Support Group
Meets 1st Tuesday every month, 1-
2 p.m., Nursing Unit (NU) 4D
Dayroom. Facilitators: Maria
Lozano-Vasquez, (713) 791-1414,
ext. 5273 & Chaplain Douglas
Ensminger, (713) 794-7200

Better Breather's Club
Meets last Wednesday every
month, 1:30 p.m., Room 3C-371,
Home Oxygen Clinic. Facilitator:
Paula Denman, (713) 794-8979

Hepatitis C Support Group
Meets 1st Friday every month, 1:30
p.m., Primecare Clinic 4 (NASA),
Room 1A-442. Facilitators: Lauri
Burke & Michelle Ray, (713) 791-
1414, ext. 3613/3394

**Pain Management for Opioid
Medication Maintenance**
Meets every Tuesday, 1 p.m.,
Room 5C-215. Facilitator: Gabriel
Tan, (713) 794-8794

Renal Support Group
Meets 1st Tuesday every month, 9
a.m., Dental Conference Room 2A-
312. Facilitator: Juanita Ibarra,
(713) 791-1414, ext. 4834

Prostate Cancer Support Group
Meets 3rd Thursday every month,
2 p.m., Room 4C-122. Facilitators:
Lillie Sonnier, (713) 791-1414, ext.
5919 & Tonjala Seals, ext. 6227

Pain Management for Women
Meets every Friday, 1 p.m., Room
5B-224. Group facilitator: Gabriel
Tan, (713) 794-8794

**Pain Management Pre-Pain
Screening Group**
Meets every Thursday, 9 a.m. and
1 p.m., Room 5C-215. Facilitator:
Gabriel Tan, (713) 794-8794

Dementia Caregivers Group
Meets 3rd Tuesday every month, 5
p.m., Room 1C-270. Facilitator:
Yvonne S. Mack, (713) 791-1414,
ext. 4082

Amputee Support Group
Meets 4th Wednesday every
month, 3 p.m., Nursing Unit (NU)
2A Day Room. Facilitators: Anna
Bracero, (713) 794-7816 & Betty
Baer, (713) 794-7793

Bereavement Support Group
Meets 4th Thursday, quarterly, 2
p.m., Room 1C-270. Facilitators:
Catherine Clancy & Matthelon
Mcneil, (713) 794-7373

HIV Support/Educational Group
Meets every Tuesday, 2 p.m., Clinic
4, Room 1A-442. Facilitator: Kathy
Molitor, (713) 791-1414, ext. 4161
& Belinda Rainer, (713) 791-1414,
ext. 6177/5292

Pain Support Group
Meets every Wednesday, 1 p.m.,
Room 5C-215. Facilitator: Gabriel
Tan, (713) 794-8794

Pain Education Group
Meets every Wednesday, 2 p.m.,
Room 5C-215. Facilitator: Gabriel
Tan, (713) 794-8794

Alcoholics Anonymous (AA)
Meets every Wednesday, 7 p.m.,
Room 6C-105. Facilitator: Bo Cook,
(713) 791-1414, ext. 6987

Breast Cancer Support Group
Meets last Tuesday every month,
12 noon, Women's Health Center,
Room 5B-224. Facilitators:
Magdalena Ramirez & Shirley
LaDay Smith, (713) 794-7926

Lufkin Hypertension Classes
Meets 1st Thursday every month,
2 p.m. Ask your nurse or your
primary care provider, or stop by the
front desk at the Charles Wilson VA
Outpatient Clinic to register.

Take a Look at the New Food Label

HOUSTON - Be on the look out! Recently, the nutrition food label, found on almost all food products, has a new look. The label contains the same information (e.g., serving size, calories, and fat) with a few new additions, such as the labeling of trans fat, nutritional content claims, and health claims. Along with these changes, comes regulation and uniformity by the Food and Drug Administration (FDA).

The most recent addition to the new nutrition food label is the detailing of the trans fat content of foods. On July 9, 2003, the FDA issued a regulation requiring all food manufacturers to list the contents of trans fat, or trans fatty acids, on their food label. All food companies had until January 2006 to make these changes. Scientific reports have shown a relationship between the consumption of foods containing trans fat and the increased risk of developing heart disease.

Trans fat is a type of fat found in vegetable shortenings, margarines, and all products containing these two products (e.g., cookies, cakes, pies, pastries, and other baked goods). These trans fats are produced by the process of hydrogenation, which converts the oil product into a solid. Increased consumption of these fats has been shown to increase LDL-cholesterol ("bad cholesterol") and decrease HDL-

cholesterol ("good cholesterol"); therefore, increasing the risk of developing heart disease.

The best way to avoid consuming trans fats is to avoid packaged baked goods, vegetable shortening, and stick margarine. Choose healthy vegetable fats, such as olive or canola oil, avocado, trans fat-free margarine tubs, and nuts.

Another new item found on many food labels are the nutritional content claims. The FDA now regulates what terms can be used to describe the nutrient content of a particular food. The term, "Free," means the product contains no amount of the following: fat, saturated fat, cholesterol, sodium, sugars, and calories. "Low" can be used on foods that can be consumed often without exceeding the dietary guidelines for fat, saturated fat, cholesterol, sodium, and calories. "Lean and extra lean" can be used to describe the fat content of meat, poultry, seafood, and game meats. "High" can be used if the food contains 20 percent or more of the daily value for a particular nutrient in one serving.

Shoppers can also use the "% Daily Value" on the food label to make comparisons, examine nutrient content claims, and make dietary trade-offs. You can compare one product or brand to a similar product. Just make sure the serving sizes are similar, especially the weight (e.g. gram, milligram, ounces) of

each product. It is easy to see which foods are higher or lower in nutrients because the serving sizes are generally consistent for similar types of foods, except in a few cases like cereals.

Use the "% Daily Value" to help you quickly distinguish one claim from another, such as "reduced fat" vs. "light" or "nonfat." Just compare the "% Daily Values" for total fat in each food product to see which one is higher or lower in that nutrient. This works when comparing all nutrient content claims, e.g., less, light, low, free, more, high, etc.

You can also use the "% Daily Value" to help you make dietary trade-offs with other foods throughout the day. You do not have to give up a favorite food to eat a healthy diet. When a food you like is high in fat, balance it with foods that are low in fat at other times of the day. Also, pay attention to how much you eat so that the total amount of fat for the day stays below 100 percent Daily Value.

Finally, there are also health claims being printed on the new label. These claims help people who are concerned about consuming foods that may help them stay healthier. The health claims

Nutrition Facts	
Per 125 mL (87 g)	
Amount	% Daily Value
Calories 80	
Fat 0.5 g	1 %
Saturated 0 g + Trans 0 g	0 %
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 18 g	6 %
Fibre 2 g	8 %
Sugars 2 g	
Protein 3 g	
Vitamin A 2 %	Vitamin C 10 %
Calcium 0 %	Iron 2 %

found on food labels come in many forms, such as statements or symbols. Whichever the form of the claim, it must meet the requirements for authorized health claims set by the FDA.

Ten relationships between a nutrient or a food, and the risk of a disease are now allowed. Here are a few examples.

Calcium and osteoporosis - To carry this claim, a food must contain 20 percent or more of the daily value for calcium (200 milligram) per serving, have a calcium content equal or exceeding the food's content of phosphorus, and contain a form of calcium that can be readily absorbed and used by the body.

Saturated fat and cholesterol and coronary heart disease (CHD) - This claim may be used if the food meets the definitions for the nutrient content claim "low saturated fat," "low-cholesterol," and "low-fat," or, if fish and game meats, for "extra lean."

Fruits, vegetables, and grain products that contain fiber and risk of CHD - To carry this claim, a food must be or must contain fruits, vegetables, and grain products.

Sodium and hypertension - To carry this claim, a food must meet the nutrient content claim requirements for "low-sodium."

Fruits and vegetables and cancer - This claim may be made for fruits and vegetables meeting the nutrient content claim requirements for "low-fat" and that, without fortification, for "good source" of at least one of the following: dietary fiber or vitamins A or C.

Dietary sugar alcohols and dental caries (cavities) - This claim applies to food products, such as candy or gum, containing the sugar alcohols xylitol, sorbitol, mannitol, maltitol, isomalt, lactitol, hydrogenated starch hydrolysates, hydrogenated glucose syrups, or a combination of any of these.

Soluble fiber from certain foods and heart disease - This claim must state the fiber also needs to be part of a diet low in saturated fat and cholesterol, and the food must provide sufficient soluble fiber.

The FDA now also requires food manufacturers to list common food allergens on food labels in simple terms so adults and even children can understand. The labeling requirements are designed to reduce your chances of an accidental allergic reaction to a food.

For more information, call the Michael E. DeBakey VA Medical Center Nutrition Clinic at (713) 791-1414, ext. 4295 or visit www.fda.gov. ♦ *Melissa Montemayor, MEDVAMC Dietetic Intern*

Leading Cardiologist Joins Houston VA Staff

HOUSTON - David Paniagua, M.D., F.A.C.C., F.S.C.A.I. has joined the staff of the Michael E. DeBakey VA Medical Center (MEDVAMC). Paniagua will serve as the co-director of the Cardiac Catheterization Laboratory under the Medical Care Line.

In late 2004, the MEDVAMC opened a new state-of-the-art cardiac intervention laboratory in response to the growing number of veterans needing specialized cardiac care. The new lab incorporated a technologically advanced x-ray system for capturing and viewing detailed images of a patient's coronary structure.

MEDVAMC physicians use this equipment to see and work inside and near the heart and in other major arteries, making diagnoses, opening blocked vessels, and dissolving or fragmenting blood clots. A key component of the lab is flat detector technology, offering sharper, more detailed x-ray images. This equipment speeds diagnoses, reduces radiation dose, and provides faster imaging times. It is fully digital and plays an important role in offering heart patients a safe and effective alternative to surgery.

The x-ray system works along side an innovative image storage system, which allows for rapid retrieval and viewing of previous cardiac catheterization results from key areas in the hospital such as the Cardiac Care Unit and the Surgical Intensive Care Unit. These images can also be exchanged via special Intranet connections with other VA medical facilities providing opportunities for consultation at a distance.

Paniagua, a native of Costa Rica, graduated Summa Cum Laude from University of Costa Rica School of



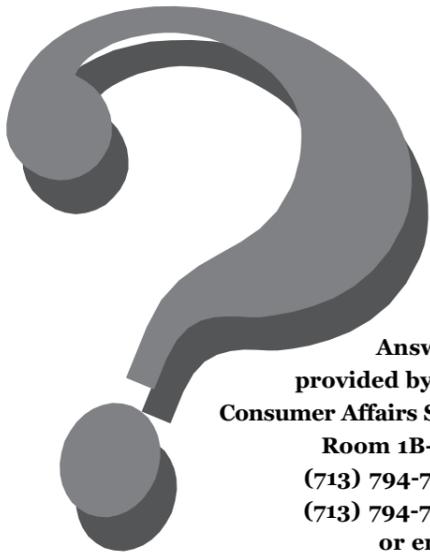
Pictured above with Cardiac Cath Lab Staff Nurse Aleyamma George, RN, David Paniagua, M.D., F.A.C.C., F.S.C.A.I. recently joined the staff of the Michael E. DeBakey VA Medical Center. Board certified in internal medicine, cardiology, and interventional cardiology, he will serve as the co-director of the Cardiac Catheterization Laboratory.

Medicine. He trained in internal medicine and cardiology in Costa Rica, Japan, and the United States. He completed his Interventional Cardiology Fellowship at St. Luke's Episcopal Hospital/Texas Heart Institute and received advanced training in cardiology research at the Harvard School of Public Health. He is board certified in internal medicine, cardiology, and interventional cardiology. He is a fellow of the American College of Cardiology and a fellow of the Society of Cardiac Angiography and Intervention.

An assistant professor of Medicine at Baylor College of Medicine, Paniagua has worked as an interventional cardiologist at Texas Heart Institute/St. Luke's Episcopal Hospital and an assistant professor of Biomedical

Engineering at Florida International University. He is founder and medical director for research and development for endoluminal technology. Fluent in English and Spanish along with a basic knowledge of French and Japanese, Paniagua has published several books about electrocardiography and written many articles in the field of interventional cardiology and clinical outcome.

Paniagua has a special interest in heart valve research. He and his team have developed a percutaneous heart valve that can be implanted using catheter techniques instead of open heart surgery. The Paniagua team performed the first human retrograde percutaneous heart valve implantation in the world in 2002. ♦



Answers provided by the Consumer Affairs Staff Room 1B-270 (713) 794-7883 (713) 794-7884 or email

vhahougeneralquestions@med.va.gov

Question: Is there a Web site that helps veterans find available government benefits?

Answer: From veterans' benefits and social security to job training and loans, veterans and their family members can find out about these benefits and more at www.GovBenefits.gov.

Question: Is the 2006 Federal Benefits Handbook available?

Answer: A new edition of the popular handbook *Federal Benefits for Veterans and Dependents* by the Department of Veterans Affairs is now available. The 2006 edition can be downloaded free from VA's Web site at www.va.gov/opa/feature/. If you do not have access to the Internet, call 1 (800) 827-1000.

Question: I'm elderly, on a fixed income, and have no transportation to the VA. What should I do?

Answer: The Houston METRO offers discount fares to persons with disabilities and senior citizens. These discounts are available for both local and commuter

fixed-route buses, which are all wheelchair accessible. Riders age 62 through 69 may apply for the senior citizen discount. Riders age 70 and over may travel for free using the 70+ lifetime pass if eligible. METRO's RideStores are located downtown at 1001 Travis and 1900 Main St., open Monday-Friday, 7:30 a.m. to 5:30 p.m. Call METROLine at 713-635-4000 for more information on discounts or METRO RideStores.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an e-mail to bobbi.gruner@med.va.gov to sign up to receive news releases and information. You can also visit www.houston.med.va.gov and click on the "In the News" symbol.

Question: Is the MyHealthVet Web site adding any new features?

Answer: Look for changes coming to My HealthVet, the Web site that serves as the gateway to veteran health benefits and services. The site, www.myhealth.va.gov, provides access to trusted health information, links to Federal and VA benefits and resources, the Personal Health Journal, and online VA prescription refills. Updates to the site include changes in its appearance as well as changes that will make it even easier to use. Two new journals for recording family and past medical histories will also be added.

Question: How big is the VA health care system?

Answer: From 54 hospitals in 1930, VA's health care system now includes 154 medical centers, with at least one in each state, Puerto Rico and the District of Columbia. VA operates more than 1,300 sites of care, including 875 ambulatory

care and community-based outpatient clinics, 136 nursing homes, 43 residential rehabilitation treatment programs, 206 Veterans Centers and 88 comprehensive home-care programs. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care.

More than 5.3 million people received care in VA health care facilities in 2005. By the end of fiscal year 2005, 78 percent of all disabled and low-income veterans had enrolled with VA for health care; 65 percent of them were treated by VA. In 2005, VA inpatient facilities treated 587,000 patients. VA's outpatient clinics registered nearly 57.5 million visits.

Question: I want to go visit family in Florida this summer. If I need to, can I go to a VA hospital there?

Answer: VA enrollment allows health care benefits to become portable throughout the entire VA system. Enrolled veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply.

Question: Am I eligible for free prescriptions?

Answer: Medication copayments are charged for each 30 day or less supply of medication provided on an outpatient basis for nonservice-connected conditions. Exemptions from this copayment requirement are provided for veterans service-connected 50 percent or more, former POWs, and for veterans whose income is less than the established dollar threshold. Also exempt from the medication copayment are veterans receiving medication for the treatment of conditions related to agent orange, ionizing radiation, Gulf War, military sexual trauma, and certain cancers of the

head and neck. Recent combat veterans are exempt from medication copayments for two years following discharge when being treated for conditions related to their military service.

Question: I noticed it's easier to get an appointment in the Urology Clinic. What happened?

Answer: A complete restructuring of all Urology clinics at the MEDVAMC has more than doubled the number of appointments slots each month, from 776 to over 1,700. The clinic's hours were also expanded to five days a week, 7 a.m. to 4 p.m. The clinic's no-show and cancellation rate has dropped from 28 percent to 16 percent since the change. Most importantly, appointments are made within 30 days for virtually all patients and within a week for many.

Question: Are my VA education benefits taxable?

Answer: No, any veterans' benefits paid under any law administered by the Department of Veterans Affairs (VA) should not be reported as income to the Internal Revenue Service.

Question: What are the signs and symptoms of Parkinson's disease?

Answer: Parkinson's disease is a chronic, progressive neurological condition that impacts movement and balance. Signs and symptoms include shaking, poor balance, slow movement, muscle stiffness, difficulty swallowing, and muffled speech. For more information about treatment options and research, contact Naomi D. Nelson, Ph.D., R.N. at the Houston Parkinson's Disease Research, Education, and Clinical Center (PADRECC) at (713) 794-7841 or naomi.nelson@med.va.gov. The PADRECC also has an informative Web site at www.va.gov/padrecc_houston.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center Main Line	(713) 791-1414 or toll-free 1-800-553-2278
VA Network Telecare Center	(713) 794-8985 or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550 or toll-free 1-800-833-7734
Charles Wilson VA Outpatient Clinic (Lufkin)	(936) 637-1342 or toll-free 1-800-209-3120
Galveston VA Outpatient Clinic	(409) 741-0256 or toll-free 1-800-310-5001
Texas City VA Outpatient Clinic	(409) 986-1129 or toll-free 1-800-310-5001
Pharmacy Refills	(713) 794-7648 or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
VA Police	(713) 794-7106
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston/Galveston/Texas City	(713) 794-7884
Beaumont	1-800-833-7734 extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551

Sunscreen: How To Select, Apply, and Use Correctly

When To Apply Sunscreen

- ✓ Apply sunscreen about 30 minutes before being in the sun so it can be absorbed and less likely to wash off if you perspire.
- ✓ Remember to reapply sunscreen after swimming or exercise.
- ✓ Apply sunscreen often if you work outdoors.

How To Apply Sunscreen

- ✓ Shake well before use to mix particles.
- ✓ Be sure to apply enough. Use a handful to cover your entire body.
- ✓ Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of your knees and legs.
- ✓ Apply thickly and thoroughly, but be careful around your eyes.



What To Look for When You Buy Sunscreen

- ✓ Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓ Look for a waterproof brand for sweating or swimming. Buy a non-stinging product or one specifically formulated for your face.
- ✓ Try a sunscreen with different chemicals if your skin reacts badly to the one you are using. Not all sunscreens have the same ingredients.
- ✓ Be aware that more expensive does not mean better and look at the expiration date because some sunscreen ingredients degrade over time.

From the Centers for Disease Control and Jeff Triebel, MEDVAMC Safety Manager